

August 30, 2007

The Honorable Mark Sanford
South Carolina State House
P. O. Box 11829
Columbia, SC 29211

Dear Governor Sanford:

Enclosed are the South Carolina Vocational Rehabilitation Department's budget request materials for Fiscal Year 2008-2009. Our request includes no proviso changes.

Our department continues to operate in an extremely cost effective manner. Despite the 17% reduction in state funding since FY2001, the department continues to lead all state VR programs in the U.S. Our cost per successful rehabilitation is the lowest in the nation, and we rank second nationally in the number of people rehabilitated per 100,000 population.

We are requesting no additional recurring appropriations at this time, but we are requesting one time funding for maintenance projects at four of our offices. Two of the offices need to have roofs replaced. In addition, the parking and access at two of the offices have degraded to the point that client and staff safety has become an issue.

Successfully rehabilitated SCVRD clients enjoy the rewards of employment, lessen their reliance on disability benefits, and become taxpayers. We hope that the upcoming appropriation process will enable us to continue to provide services at a high level of effectiveness and cost efficiency for our state.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry C. Bryant", written in a cursive style.

Larry C. Bryant
Commissioner

FISCAL YEAR 2008-09 BUDGET PLAN

I. EXECUTIVE SUMMARY

A. Agency Section/Code/Name: Section 7 - H-73 Vocational Rehabilitation

B. Statewide Mission:

The mission of the South Carolina Vocational Rehabilitation Department is to enable eligible South Carolinians with disabilities to prepare for, achieve and maintain competitive employment. When our agency succeeds in its mission, the state realizes a return on its investment in the vocational rehabilitation program because successfully rehabilitated clients are converted from disability benefits recipients into taxpaying members of South Carolina's work force.

C. Summary Description of Strategic or Long-Term Goals:

- (1) Prepare and place into competitive employment as many eligible South Carolinians with disabilities as the department's resources will allow. (*Acc. Report Fig. 7.1-1, 7.1-4*)
- (2) Continually improve service delivery to effect Program Integrity, which reflects a balance among compliance with enabling legislation, quality customer service and productivity, adding up to successful outcomes for clients. This is accomplished through a team concept maximizing new technologies and human resource development, with oversight from the Committee on Rehabilitation Excellence. (*Accountability Report sections 1.5, 1.6, Figs. 7.1-2, 7.1-3, 7.1-5*)
- (3) Provide exceptional customer focused vocational rehabilitation services resulting in competitive employment at an average cost significantly less than national and regional averages among vocational rehabilitation programs. (*Acc. Report Fig. 7.3-1, 7.3-2*)
- (4) Build strong partnerships with South Carolina's business community and other agencies to maximize the employment potential of citizens with disabilities. (*Acc. Report Fig. 7.1-6, 7.1-17*)
- (5) Build for the future by providing an exceptional Professional Development and Leadership Program to prepare staff for leadership roles. (*Acc. Report Section 7.4*)
- (6) Seek alternative funding to improve the department's level of services through acquisition of grants, increased reimbursements from the Social Security Administration for job placements of clients who no longer rely on disability benefits, and coordination of payment for services by third party agencies/organizations. (*Acc. Report Fig. 7.3-4, 7.3-7*)
- (7) Enhance school-to-work transition services to enable more students with significant disabilities to become self-supportive, productive citizens through gainful employment. (*Acc. Report Executive Summary, page 6*)
- (8) Redirection of Staff Resources; the agency continues to examine its staffing patterns and staff roles to maximize its resources. Some administrative roles are being centralized to effect cost savings and make the best use of local staff in service delivery areas. (*Acc. Report Executive Summary, pages 2 & 5*)
- (9) Development and implementation of enhanced case management system; the system is being designed to follow the logical flow of service delivery in a totally electronic, user-friendly environment that maximizes staff resources. (*Acc. Report, Fig. 6.1-1*)

- (10) Training Center Balance; VR work training centers seek to balance financial impact with the need to provide a variety of rehabilitation services of the greatest benefit to clients. (Acc Report Fig., 7.3-5, 7.3-6)

D.

Summary of Operating Budget Priorities for FY 2008-09:		FUNDING					FTEs			
		State Non- Recurring	State Recurring	Federal	Other	Total	State	Fed.	Other	Total
Priority No.:	Title:	0	0	0	0	\$ 0	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name:										
Priority No.:	Title:	0	0	0	0	\$ 0	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name:										
Priority No.:	Title:	0	0	0	0	\$ 0	0	0	0	0.00
Strategic Goal No. Referenced in <u>Item C Above (if applicable):</u> Activity Number & Name:										
TOTAL OF ALL PRIORITIES		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	0.00	0.00	0.00	0.00

E. Agency Recurring Base Appropriation:

State \$ 14,219,984

Federal\$ 88,863,219

Other \$ 20,688,313

F. Efficiency Measures:

- a. The department ranks first nationally in the lowest cost per rehabilitation, is ninth in lowest cost per client served, and is second nationally in the number of people rehabilitated per 100,000 population. (Acc. Report Fig. 7.3-1, 7.3-2, 7.1-4)

- b. Cost benefit analysis shows that for every dollar spent on their rehabilitation, SCVRD clients who become employed increase their earnings by \$13.71. They return an estimated \$3.19 in taxes for every dollar spent on their rehabilitation. They repay the cost of their rehabilitation in an average of 4.96 years, an annual rate of return of 20.2 percent. The rate of return has improved the past 5 years. (*Acc. Report Fig. 7.3-3.*)
- c. The agency's Program Integrity index, a formal scorecard for compliance, customer service and productivity provides specific results that can be broken down at many levels, from team performance to statewide performance. The system enables the department to identify opportunities for improvement in meeting customer needs and drives corrective actions, such as shifts in personnel or development of new training. (*Accountability Report sections 1.5, 1.6, Figs.7.1-2, 7.1-3, 7.1-5*)
- d. The department reimbursements from the Social Security Administration were \$663,638 in FY 2007. This reimbursement is a direct reflection of savings realized by Social Security because the department's clients became competitively employed and no longer needed SSI/SSDI benefits. (*Acc. Report Fig. 7.3-4*)
- e. The agency continued to redirect staff roles to better utilize personnel and enhance customer service. This included centralization of procurement and accounting duties and psychological services, which freed up positions for direct service related duties. (*Acc. Report Executive Summary, pages 2 and 5*)

G.

Summary of Capital Budget Priorities:			Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Priority No.: 1	<u>Project Name:</u> Gaffney VR Center – Reroofing Activity Number & Name: 839 Direct Client Services	Project No*:	\$300,000	0	0	\$300,000
Priority No.: 2	<u>Project Name:</u> Anderson VR Center - Reroofing Activity Number & Name: 839 Direct Client Services	Project No*:	\$350,000	0	0	\$350,000
Priority No.: 3	<u>Project Name:</u> Florence VR Center – Parking Lot Activity Number & Name: 839 Direct Client Services	Project No*:	\$200,000	0	0	\$200,000

Priority No.: 4	<u>Project Name:</u> Oconee VR Center – Parking Lot Activity Number & Name: 839 Direct Client Services	Project No*:	\$150,000	0	0	\$150,000
TOTAL OF ALL CAPITAL BUDGET PRIORITIES			\$1,000,000	\$ 0	\$ 0	\$1,000,000

H. Number of Proviso Changes: None

I. Signature/Agency Contacts/Telephone Numbers:



Larry C. Bryant, Commissioner

Agency Contacts: Richard Elam, Assistant Commissioner
SC Vocational Rehabilitation Department
(803) 896-6506

Vicki Bowles, Administrative Program Manager
SC Vocational Rehabilitation Department
(803) 896-6517

II. DETAILED JUSTIFICATION FOR FY 2008-09 OPERATING BUDGET PRIORITIES

A. Agency Section/Code/Name: 7 – H73 – Vocational Rehabilitation

B. Priority No. ____ of ____ N/A

C. (1) Title:
 (2) Summary Description:
 (3) Strategic Goal/Action Plan (*if applicable*):

D. Budget Program Number and Name:

E. Agency Activity Number and Name:

F. Detailed Justification for Funding

(1) Justification for Funding Increase:

(2)

FY 2008-09 Cost Estimates:	State Non-Recurring Funds	State Recurring Funds	Federal	Other	Total
Personnel:					
(a) Number of FTEs*					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0
Program/Case Services					\$ 0
Pass-Through Funds					\$ 0
Other Operating Expenses					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
* If new FTEs are needed, please complete Section G (Detailed Justification for FTEs) below.					

(3) Base Appropriation:

State \$
Federal \$
Other \$

(4) Is this priority associated with a Capital Budget Priority? _____ If yes, state Capital Budget Priority Number and Project Name: _____.

G. Detailed Justification for FTEs

(1) Justification for New FTEs

(a) Justification:

(b) Future Impact on Operating Expenses or Facility Requirements:

(2) Position Details:

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

	State	Federal	Earmarked	Restricted	Total
Position Title:					
(a) Number of FTEs					0.00
(b) Personal Service					\$ 0
(c) Employer Contributions					\$ 0

(3) FTEs in Program Area per FY 2007-08 Appropriation Act:

State _____

Federal _____

Other _____

Agency-wide Vacant FTEs as of July 31, 2007: _____

% Vacant _____%

H. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 7 – H73 – Vocational Rehabilitation
- B. Priority No. 1 of 4
- C. Strategic Goal/Action Plan (*if applicable*):
- D. Project Name and Number (*if applicable*):
- E. Agency Activity Number and Name: 839 – Direct Client Services
- F. Description of Priority: Gaffney VR Center – Repair existing facility. Reroofing Gaffney VR Center building consisting of approximately 20,000 square feet of roof deck.
- G. Detailed Justification for Funding
- (1) Justification for Funding Priority: Because of the way the roof was constructed, it has developed a number of leaks that have required patching. The roof continues to deteriorate as more leaks occur, and it is not feasible to continue patching without jeopardizing the deck and contents of the building. We did not anticipate this as a priority in the CPIP plan for 2007; however, we believe it would be prudent to address the issue before more costly damage is done to the building.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$300,000			\$300,000

** If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

- H. Justification for First Year Additional Future Annual Operating Costs: Not Applicable

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(1) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0

Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
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J. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

- A. Agency Section/Code/Name: Section 7 – H73 – Vocational Rehabilitation
- B. Priority No. 2 of 4
- E. Strategic Goal/Action Plan (*if applicable*):
- F. Project Name and Number (*if applicable*):
- E. Agency Activity Number and Name: 839 – Direct Client Services
- F. Description of Priority: Anderson VR Center – Repair existing facility. Reroofing Anderson VR Center building consisting of approximately 28,000 square feet of roof deck.
- G. Detailed Justification for Funding
- (1) Justification for Funding Priority: The roof is approximately 20 years old and needs to be replaced before water further deteriorates the deck, the ceiling, and contents of the building. Leaks have been repaired in the existing roof, however, the size and frequency of the leaks are increasing. Included as priority 2 in plan year 2008-2009 on the 2007 CPIP.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$350,000			\$350,000

* *If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

- H. Justification for First Year Additional Future Annual Operating Costs: Not Applicable

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
If not, will additional state funds be needed in the future? _____
If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

(2) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0

Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
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K. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name: Section 7 – H73 – Vocational Rehabilitation

B. Priority No. 3 of 4

G. Strategic Goal/Action Plan *(if applicable)*:

H. Project Name and Number *(if applicable)*:

E. Agency Activity Number and Name: 839 – Direct Client Services

F. Description of Priority: Florence VR Center - Repave Parking Lot

G. Detailed Justification for Funding

- (1) Justification for Funding Priority: The parking lot at the Florence VR Center is over 20 years old, and is cracked and deteriorating. We have been patching the potholes with gravel, but it continues to worsen because the base has deteriorated. Without repaving and replacing with a proper gravel base, the parking lot will continue to degenerate and become more of a safety hazard for our client and employees. We did not anticipate this as a priority in the CPIP plan for 2007; however, we believe it would be prudent to address the issue since it is hazardous to our client and staff.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$200,000			\$200,000

* If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.

H. Justification for First Year Additional Future Annual Operating Costs: Not Applicable

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____
- (2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

- (3) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____

(2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					

(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

L. Other Comments:

III. DETAILED JUSTIFICATION FOR CAPITAL BUDGET PRIORITIES

A. Agency Section/Code/Name: Section 7 – H73 – Vocational Rehabilitation

B. Priority No. 4 of 4

I. Strategic Goal/Action Plan *(if applicable)*:

J. Project Name and Number *(if applicable)*:

E. Agency Activity Number and Name: 839 – Direct Client Services

F. Description of Priority: Oconee VR Center - Repave Parking Lot

G. Detailed Justification for Funding

- (1) Justification for Funding Priority: The parking lot at the Oconee VR Center is aging, cracked and deteriorating. We have been patching the potholes with gravel, but it continues to worsen because the base has deteriorated. Without repaving and replacing with a proper gravel base, the parking lot will continue to degenerate and become more of a safety hazard for our client and employees. We did not anticipate this as a priority in the CPIP plan for 2007; however, we believe it would be prudent to address the issue since it is hazardous to our client and staff.

(2)

Total Project Cost Estimates:	Additional State Funds	Previously Authorized State Funds	Total Other Fund Sources	Project Total
Total Project Cost*	\$150,000			\$150,000

** If additional annual operating costs from any source of funding are anticipated upon project completion please complete Sections H and I (Justification for Additional Future Annual Operating Costs) below.*

H. Justification for First Year Additional Future Annual Operating Costs: Not Applicable

- (1) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____
- (2) First Fiscal Year Additional Annual Operating Costs Are Anticipated: _____ Will this fiscal year require a partial or full year's operating funds? _____ If a partial year's funds are required, what portion of the year does it cover? _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					
(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

I. Justification for First Full Year Additional Future Annual Operating Costs *(If Section H above represents a full year's operating funds, do not complete this section.)*

- (4) Will additional annual operating costs be absorbed into your existing budget? _____
 If not, will additional state funds be needed in the future? _____
 If state funds will not be needed in the future, explain the source(s) that will be used. _____
- (2) First Full Fiscal Year Additional Annual Operating Costs Are Anticipated: _____

(3)

Additional Annual Operating Cost Details:	State Non-Recurring	State Recurring	Federal	Other	Total
Total Costs:					

(a) Number of FTEs					0.00
(b) Total Personnel Costs					\$ 0
(c) Furniture/Equipment					\$ 0
(d) Other Operating Costs					\$ 0
Total	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

M. Other Comments:

FY 2008-09 COST SAVINGS & ACTIVITY PRIORITY ADDENDUM

I. PRIORITY ASSESSMENT OF ACTIVITIES – HIGHEST PRIORITIES

A. Agency Section/Code/Name: Section 7 – H73 – Vocational Rehabilitation

B.

Priority Assessment of Activities – Highest Priorities	General	Federal	Supplemental	Capital Reserve	Other	Total	FTEs
Activity Number & Name: 839 Direct Client Services	\$10,392,899	\$31,244,219	0	\$1,500,000	\$159,370	\$43,296,488	744.91
Activity Number & Name:850 Disability Determination Services	0	35,044,900	0	0	2,893,500	\$37,938,400	322.36
Activity Number & Name:849 Workshop Production	0	0	0	0	17,000,000	\$17,000,000	0
Activity Number & Name: 840 Case Services, Purchased	1,570,789	10,432,783	0	0	0	\$12,003,572	0
Activity Number & Name: 1517 Residential Substance Abuse Vocational Counseling Centers	537,540	1,881,145	0	0	3,624	\$2,422,309	34.00
TOTAL OF HIGHEST PRIORITIES	\$12,501,228	\$78,603,047	\$ 0	\$1,500,000	\$20,056,494	\$112,660,769	1,101.27

FY 2008-09 ACTIVITY PRIORITY ADDENDUM

II. PRIORITY ASSESSMENT OF ACTIVITIES – LOWEST PRIORITIES

- A. Agency Section/Code/Name: Section 7 – H73 – Vocational Rehabilitation**
- B. Agency Activity Number and Name: 847 – Extended Rehabilitation Services**
- C. Explanation of Lowest Priority Status:** Extended Rehabilitation services are provided to individuals who have been determined to be ineligible for vocational rehabilitation services due to the severity of their impairment. These services are provided on a limited and infrequent basis in a rehabilitation training center setting as an opportunity to progress toward a level of productivity indicative of competitive employment potential
- D. Estimate of Savings:**

Estimate of Savings:	General	Federal	Supplemental	Capital Reserve	Other	Total
Personnel:						
(a) Number of FTEs	0	0	0	0	0	0.00
(b) Personal Service	0		0	0	0	\$ 0
(c) Employer Contributions	0		0	0	0	\$ 0
Program/Case Services	\$3,000	0	0	0	0	\$3,000
Pass-Through Funds	0	0	0	0	0	\$ 0
Other Operating Expenses		0	0	0	0	\$ 0
Total	\$3,000	\$ 0	\$ 0	\$ 0	\$ 0	\$3,000

- D. Activity Impact** (*Describe the impact on the activity affected including the impact on customers and clients.*):
Because of the limited nature of this activity, the impact is expected to be minor.

F.

Summary of Priority Assessment of Activities – Lowest Priorities	General	Federal	Supplemental	Capital Reserve	Other	Total	FTEs
Activity Number & Name:847 Extended Rehabilitation Services	3,000	0	0	0	0	\$3,000	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
Activity Number & Name:	0	0	0	0	0	\$ 0	0
TOTAL OF LOWEST PRIORITES	\$3,000	\$ 0	\$ 0	\$ 0	\$ 0	\$3,000	0.00